

WORK SHEET
INITIAL MEETING OF CREDITORS
CHAPTER 7 OR 11 CASE
Cleveland, Ohio

OFFICE NO. _____

DATE PREPARED _____ / _____ / _____
PREPARER _____
PHONE _____

CASE NUMBER _____ PRINTED CASE NO. _____ SSN OR TAX NUMBER _____ RELATED SSN OR TAX NUMBER _____

RELATED CASE NUMBER _____ REOPENED _____ VOLUNTARY PETITION ☐
IN VOLUNTARY PETITION ☐ CHAPTER _____
FILING FEES _____ P — PAID N — NOT PAID Y — TO BE PAID IN INSTALLMENTS
TYPE OF DEBTOR I INDIVIDUAL(S) P PARTNERSHIP C CORPORATION M MUNICIPALITY R RAILROAD O OTHER

Name & Address of Debtor
NAME _____
ADDR 1 _____
ADDR 2 _____
CITY _____ STATE _____ ZIP _____

OTHER NAMES USED _____ COUNTY OF DEBTOR'S RESIDENCE _____
H — HUSBAND'S JOINT CASE W — WIFE'S JOINT CASE C — CONSOLIDATED OR RELATED BUSINESS

Attorney for the Debtor
If name is not coded, leave code blank & complete name & address
PRO SE = '0000'
NAME _____
ADDR 1 _____
ADDR 2 _____
CITY _____ STATE _____ ZIP _____ PHONE _____
CODE _____

JUDGE CODE _____ MEETING LOCATION CODE _____ DISTRICT/DIVISION _____ TRUSTEE _____ NOTICE FORM _____ STATEMENT NUMBER _____
NUMBER OF CREDITORS SCHED. _____ TOTAL \$ OF DEBTS SCHEDULED _____ TOTAL ASSETS SCHEDULED _____ VALUE OF EXEMPTIONS CLAIMED _____

SHOULD THE "ELAPSED TIME" CHECK BETWEEN THE DATE OF NOTICE AND DATE OF MEETING BE IGNORED? _____ YES OR NO

SPECIAL STATEMENTS? _____ YES OR NO

	MO.	DY.	YR.	HR.	MIN.		MO.	DY.	YR.	HR.	MIN.
DATE FILED	/	/		:	M	SPECIAL DATE 1	/	/		:	M
1st MEETING	/	/		:	M	(Confirmation Hearing)					
LAST DAY TO OBJECT TO DISCHARGE	/	/				SPECIAL DATE 2	/	/		:	M
LAST DAY TO OBJECT TO DISCHARGEABILITY	/	/				SPECIAL DATE 3	/	/		:	M
LAST DAY TO FILE CLAIMS	/	/				DATE CLOSED	/	/			
LAST DAY TO FILE ACCEPTANCES	/	/				DATE CONVERTED	/	/			
						DATE TO ISSUE ORDER OF DISCHARGE	/	/			

DATE CONFIRMED _____ / _____ / _____

Previous Chapter _____ Disposition of Previous Proceeding _____ Number of Labels Wanted _____ Type of Label _____ 1—Cheshire 2—Gummed
1, 2, or 4 SETS

CHAPTER	Amount of Each Payment Due From Debtor	Number of Payments Each Month	Total of Specified Monthly Payments To An Individual Creditor (Per Plan)
13	_____	_____	_____
REMARK 1	Additional Names Used: _____		
REMARK 2	Unsecured Creditors to be paid: _____		
REMARK 3	Debtor's Employer: _____		